

Auto Industry Division, Room 112 PO Box 173350 Denver CO 80217-3350 (303) 205-5604 dor_dealers@state.co.us

Buyer Agent License Application Original application

Check One: 2555 O	riginal Application	n Check One:	☐ Individ	lual	☐ Pa	rtnership	Corpo	oration [Limi	ited Liability		
1. Name of Applicant (Individ								Registration				
O. Trada Nama			l r)	- Dhan		Creatil Address					
2. Trade Name			(susines)	s Phone	9	Email Addre	SS				
3. Address of Business Loca	tion (exact location	on, no post box a c	ddresses allo	wed)	City			ZIP	С	ounty		
4. Premises are:	If leased, fron	n whom?	Address	of Less	or					Date Lease	Expire	
U Owned U Leased 5. Mailing Address (if difference)	nt)											
5. Mailing Address (il dillere	111.)											
6. List all owners, partners,	members, or sto	ckholders and the	company owr	nership	percent	age of ea	ach below. (U	se additional	pape	r if necessa	ry)	
Full Name Date of Home Address (Street City State 7IP)						Social Security Number and				Home Phone		
1 dii Name	Birth	1 Tionic Address (or est, sity,			SSN		Email Address		+	Home Phone C		
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7. Can each owner or partn	er provide proof	of lawful US prese	ence? (Attach	a Conv	of Ide					Yes	□ No	
Please review emergency												
www.colorado.gov/reven	•			-								
In the past 10 years has t officer of said applicant ev									me	☐ Yes	∐ No	
excluding traffic violations	? If yes, give fu	Il details on a sep	parate sheet i	ncludi	ng crim	ie, type (felony of mis	demeanor),				
date place of conviction convictions. Failure to d						final co	urt judgment	s for those				
9. Has the applicant, any pa						or officer	of said applic	ant ever				
a. Had a motor vehicle d		_						, and 0 voi.		☐ Yes	□ No	
b. Had any other type of occupational license (excluding driver's license) subjected to denial or disciplinary action?								☐ Yes ☐ No				
c. Filed or been declared	•									Yes	☐ No	
Any "yes" answer abov	e must be expla	ined fully in sepa	arate letter si	gned a	nd date	d by app	olicant.					
I have read the foregoing ap second degree. I agree to co											9	
Secretary of the Motor Vehic											led	
against me on any claim for	damages alleged	to have been suff	fered by any pe	erson b	y reasor	n of the v	iolation of any	of the terms	and p	rovisions of		
Vehicle Dealer Law. I hereby Signature	authorize the re	lease to Board age	ents of any and	all rec	ords per	rtaining to	my employm	ent and crim	inal ba	ackground.		
Jigilaluic							TILLE					
Printed Name							Date					
										,		
	Agent Number	Da	ate Issued (MN	I/DD/YY)		Fee Sul	omitted					
For Official	CCIC Data ""	A/DD AAA								Data ###55	000	
Use Only	COIC Date (MN	CCIC Date (MM/DD/YY)				Department's Action: Approved Denied Date (MMDD/YY)						
	1	1 101	Department & Action. L. Approved L. Defilled									